

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2013
FORM APPROVED
OMB NO. 0938-0391

45th 3/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445469	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING A B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2013
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NAME OF PROVIDER OR SUPPLIER IVY HALL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 301 WATAUGA AVE ELIZABETHTON, TN 37643
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined exits paths were not lighted with multiple bulbs so the exit discharge path would not be in total darkness in the event of a single failure.</p> <p>The findings include: Observation and interview with the Maintenance Director, on February 11, 2013 at 1:20 p.m. confirmed the outside lights at the exits from 4 of 4 fire escape exits were not provided with multiple bulb fixtures.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on February 11, 2013.</p>	K 045	<p>K 045</p> <p>Ivy Hall Nursing Home believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Area</u></p> <p>The Maintenance Director was in-serviced by the Administrator on 2/11/13 regarding the requirement of two outside bulbs for each fire escape exit.</p> <p>Additional outside lights were ordered on 2/11/13 for each of the four cited fire escape exits. The additional lights will be installed on 3/2/13. This will result in the four cited escape exits having two outside light bulbs each.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>The facility was inspected on 2/11/13 by the Maintenance Director and no other egress light concerns were identified.</p> <p><u>Systematic Changes</u></p> <p>Outside egress lights will be audited monthly by the Maintenance Director and Maintenance Assistant to assure compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Judy Chover de Lorch ADMINISTRATOR 2-22-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Judy Carver-Loach ADMINISTRATOR 2-22-13

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FEB 25 2013